

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Temp 2nd Residence

APPLICATION FOR PERMIT

BAYFIELD COUNTY, WISCONSIN

Date Stamp Received

SEP 26 2012

Bayfield Co. Zoning Dept.

ENTERED

\$50

Permit #:	18-00037
Date:	10-10-12
Amount Paid:	\$509.27-10
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Ronald T. & Cindy A. Roy		Mailing Address: 62730 Kostello Rd. City/State/Zip: Mason, WI 54856		City/State/Zip:		Telephone:		Cell Phone:		Plumber Phone:		Plumber Phone:	
Address of Property: Same		City/State/Zip:		Contractor Phone: 278-331		Agent Phone:		Plumber: Blakeman Plumbing		Agent Mailing Address (include City/State/Zip):		Plumber Phone: 682-6050	
Contractor: SELF		Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Plumber: Blakeman Plumbing		Agent Mailing Address (include City/State/Zip):		Plumber Phone: 682-6050	
PROJECT LOCATION SW 1/4, NE 1/4		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-032-2-46-06-11-1 03-000-10000		Recorded Document: (i.e. Property Ownership) Volume 773 Page(s) 217		Subdivision:		Lot Size		Acreage 40	
Section 11, Township 46 N, Range 6 W		Town of: Mason		Distance Structure is from Shoreline: 450 ft		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Distance Structure is from Shoreline: 450 ft		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue →		Distance Structure is from Shoreline: 450 ft		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Distance Structure is from Shoreline: 450 ft		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue →		Distance Structure is from Shoreline: 450 ft		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Distance Structure is from Shoreline: 450 ft		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: H.T.	
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: 70'	Width: 16'	Height: 15'
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	()	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	
	with Loft	()	
	with a Porch	()	
	with (2nd) Porch	()	
	with a Deck	()	
	with (2nd) Deck	()	
<input type="checkbox"/> Commercial Use	with Attached Garage	()	
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	
	Mobile Home (manufactured date)	()	
	Addition/Alteration (specify)	()	
	Accessory Building (specify)	()	
	Accessory Building Addition/Alteration (specify)	()	
<input type="checkbox"/> Municipal Use	Special Use: (explain)	()	
	Conditional Use: (explain)	()	
	Other: (explain) Temp 2nd Residence	()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
(I/we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. (I/we) acknowledge that (I/we) am (are) responsible for the detail and accuracy of all information (I/we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. (I/we) further accept liability which may be a result of Bayfield County relying on the information (I/we) am (are) providing in or with this application. (I/we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):

(If there are Multiple Owners listed on the deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permits: 62730 Kostello Rd, Mason, WI 54856

OCT 10 2012

Attach
Copy of Tax Statement

Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

	Proposed Construction
(1) Show location of:	North (N) on Plot Plan
(2) Show / indicate:	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show location of (*):	All Existing Structures on your Property
(4) Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show:	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*):	(*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):	

See attached

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	240 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	240 Feet	Setback from the River, Stream, Creek	450 Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	350 Feet		
Setback from the South Lot Line	800 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	210 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	N/A Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	140 Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

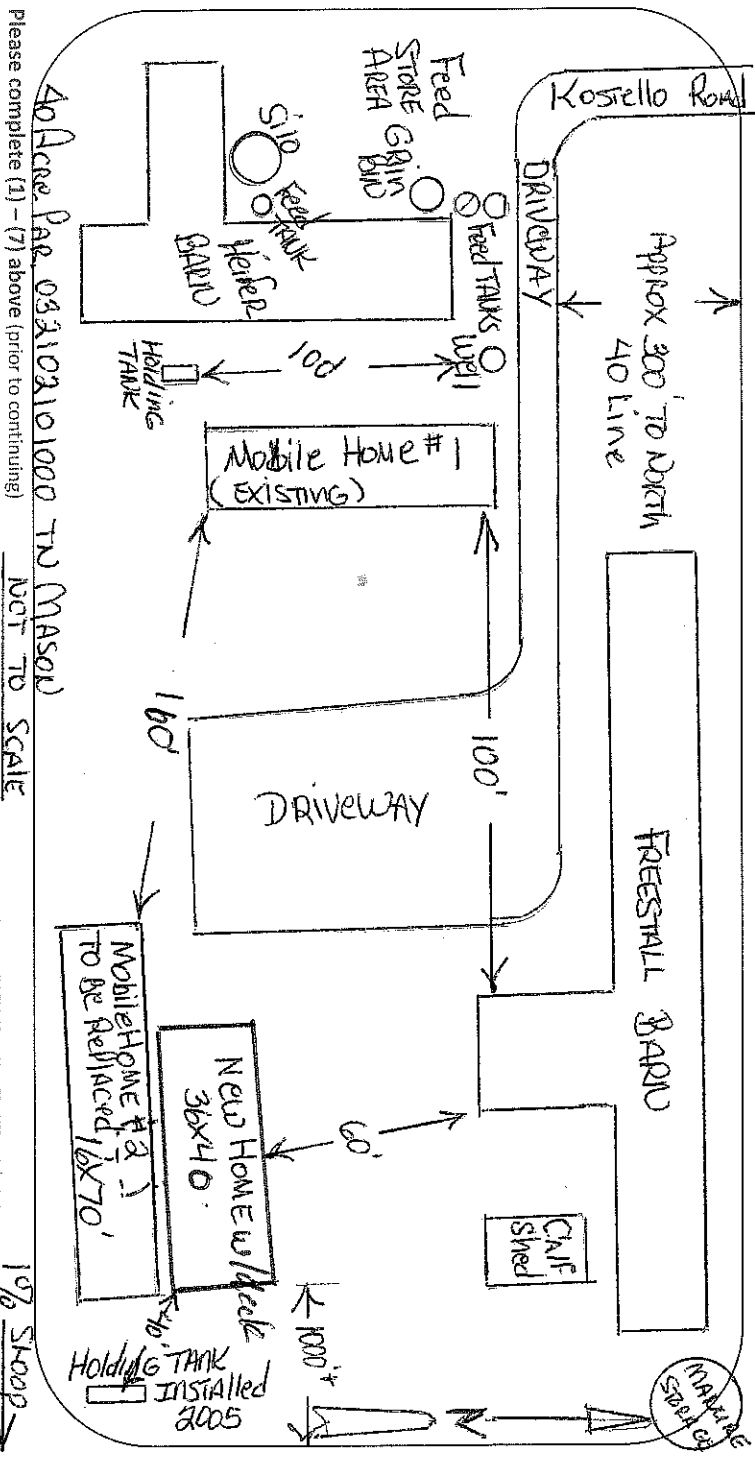
For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>467226</u>		# of bedrooms: <u>3</u>	Sanitary Date: <u>3-31-05</u>
Permit Denied (Date):		Reason for Denial:			
Permit #: <u>12-00087</u>		Permit Date: <u>10-10-12</u>			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots) <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: <u>Mobile home is existing.</u>				Zoning District (<u>A-1</u>) Lakes Classification (<u>3</u>)	
Date of Inspection: <u>10-1-12</u>		Inspected by: <u>M. Fuchs</u>		Date of Re-Inspection:	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)					
<u>Mobile home must be removed within 1 year of the date of issuance of this permit</u>					
Signature of Inspector: <u>Michael Fuchs</u>				Date of Approval: <u>10-3-12</u>	
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____	
				Hold For Fees: <input type="checkbox"/> _____	
				<input type="checkbox"/> _____	

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) **Show location of:** **Proposed Construction**
(2) Show / Indicate: **North (N)** on Plot Plan
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road** (Name Frontage Road)
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	140 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	210 Feet	Setback from the River, Stream, Creek	450+ Feet
Setback from the North Lot Line	350+ Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	800+ Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	210 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	N/A Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	140 Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction:** Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>467226</u>	# of bedrooms: _____	Sanitary Date: <u>5-31-05</u>			
Permit Denied (Date): _____	Reason for Denial: _____	Permit Date: _____					
Permit #: _____							
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: _____	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: _____		
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record:							
Date of Inspection: _____	Inspected by: _____	Zoning District (A-1)					
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)	Lakes Classification (3)						
Signature of Inspector: _____		Date of Approval: _____					
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	<input type="checkbox"/> _____			

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Stamp (Received)
SEP 26 2012
Bayfield Co. Zoning Dept.

ENTERED
\$125
Permit #: 12-0408
Date: 10-10-12
Amount Paid: \$659.27-12
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: RONALD T. + Cindy A. Roy	Mailing Address: 62720 KOSTELLO RD	City/State/Zip: MASON, WI, 54856	Telephone:
Address of Property: SAME	City/State/Zip:		Cell Phone: 715.298-7947
Contractor: Self	Contractor Phone: 278-331	Plumber: BLAKE MAU Construction	Plumber Phone: 715 682-6050
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: SW 1/4, NE 1/4	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-032-2-46-06-11-1-03-000-10000	Recorded Document: (i.e. Property Ownership) Volume 772 Page(s) 217
SW 1/4, NE 1/4	Gov't Lot	Lot(s)	CSM
	Vol & Page	Lot(s) No.	Block(s) No.
Section S11 , Township T46N , Range R86E W	Town of: MASON	Lot Size	Acreage 40.000

<input checked="" type="checkbox"/> Shoreland →	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (and Intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: 452' feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: feet		

Value at Time of Completion * Include donated time & material \$ 40,000	Project (What are you applying for) <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	# of Stories and/or basement <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input checked="" type="checkbox"/> No Basement <input type="checkbox"/> Foundation	Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	# of bedrooms <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	What Type of Sewer/Sanitary System is on the property? <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: HOLDING TANK <input type="checkbox"/> Privy (Prt) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	Water <input type="checkbox"/> City <input checked="" type="checkbox"/> Well
--	--	---	--	---	---	--

Existing Structure: (if permit being applied for is relevant to it)	Length: 70'	Width: 16'	Height: 15'
Proposed Construction: New Home Replaces Above	Length: 40'	Width: 26'	Height: 21'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with (2 nd) Deck with Attached Garage	(40' x 26') (40' x 7') (10' x 30') (10' x 30') (10' x 30') (10' x 30')	1040 280 300 300 300
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) <input type="checkbox"/> Addition/Alteration (specify) <input type="checkbox"/> Accessory Building (specify) <input type="checkbox"/> Accessory Building Addition/Alteration (specify) 	() () () () ()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) <input type="checkbox"/> Conditional Use: (explain) <input type="checkbox"/> Other: (explain) 	() () ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): **RONALD T. + Cindy A. Roy**
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: **Cindy A. Roy**
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit **62720 Kostello Road, Mason, WI 54856**
If you recently purchased the property send your Recorded Deed

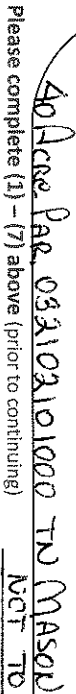
Attach
Copy of Tax Statement ✓

Date **Sept 25 2012**
Date **9-25-12**

66-0045 TBA

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

	Proposed Construction
(1) Show location of:	North (N) on Plot Plan
(2) Show / indicate:	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show location of (*):	All Existing Structures on your Property
(4) Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show:	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*):	(*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):	



NOT TO SCALE

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other; previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W):

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Permit #: 12-0408	Permit Date: 10-10-18
-------------------	-----------------------

<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p>Case #:</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p>Case #:</p>
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Was Proposed Building Site Delineated ☒ Yes ☐ No

Was Property Surveyed ☐ Yes ☒ No

Inspection Record:
Mets all softbacks.

Date of Inspection: 10-1-12

Inspected by:

Mr. J. W. Taylor

Condition(s) Town, Committee or Board Conditions Attached? ☐ Yes ☐ No - (If No they need to be attached.)

Hold For Sanitary: ☒ RECOLLECT Hold For TBA: ☐ _____

Hold For Affidavit: ☐ _____

Hold For Fees: ☒ \$ 50 ☐ _____

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Zoning District 4
Lakes Class 3

\$50

I. APPLICATION INFORMATION (Please Print All Information)				Soil Test No.	County Permit No.	
Property Owner's Name: <u>Ronald Roy</u>				Bayfield		
Address of Property: <u>62730 Kostell Road</u>				Property Location: <u>1/2 S 11 T 46 N R 6 E (or W)</u>		
Property Owner's Mailing Address: <u>Same</u>				Township: <u>MASCO</u>	Gov. Lot #:	
City, State	Zip Code	Phone Number	Lot #	Block #	Subdivision Name or CSM #:	
<u>WU MASON WI</u>	<u>54856</u>	<u>715-293-7947</u>				
II. TYPE OF BUILDING (Check One)			Parcel ID Tax Number(s): <u>033-1031-01 old #</u> <u>04-032-2460611030001000 (new)</u>			
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <u>2</u>						
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)						
A) <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor <input checked="" type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision <input type="checkbox"/> Transfer of Owner (List Previous Owner below)						
B) <input checked="" type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: <u>461726</u> Date Issued: <u>June 2005</u>						
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) *Replacements need previous permit number and date filled out above						
C) <input type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards) <input type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet						
V. ABSORPTION SYSTEM INFORMATION:						
1. Gallons Per Day <u>300</u>	2. Absorp. Area Required (Sq. Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq. Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev. (Feet)	7. Final Grade Elev. (Feet)
VI. TANK INFORMATION:						
	Capacity In Gallons	Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed
	New Tanks	Existing Tanks				
Septic Tank or Holding Tank	<u>3</u>	<u>2000</u>	<u>2000</u>	<u>1</u>	<u>Witser</u>	<u>X</u>
Lift Pump Tank / Siphon Chamber						
VII. RESPONSIBILITY STATEMENT:						
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.						
Plumber's / Owner's Name: (Print) <u>DAVID BAKEMAN</u>			Plumber's / Owner's Signature: (No Stamps) <u>David Bakeman</u>		MP/MPRSW No: <u>221123</u>	
Plumber's Address: (Street, City State, Zip Code) <u>4941 State Hwy 13 Ashland WI 54804</u>			Home Phone: <u>715-209-5712</u>		Business Phone: <u>715-682-6050</u>	
VIII. COUNTY / DEPARTMENT USE ONLY						
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination		Sanitary Permit/Transfer Fee: <u>\$50</u>		Date Issued: <u>10-10-12</u>		Issuing Agent's Signature / Date: <u>M. Furtak 10-10-12</u>
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:						